Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a valid CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application of Doctor, Nurt Substitute for Form PTO-875 m Effective December 8, 2004 569 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE GI RATE (\$) FEE (S) BASIC FEE N/A N/A 14/A 150:00 300,00 N/A (37 CFR 1 18(4) (b) ar (c)) SEARCH FEE NA N/A \$250 NVA (37 CFR 1 16(N). (4. or (m)) N/A \$500 **EXAMINATION FEE** N/A N/A NA \$100 (37 CFR 1 16(0). (p). or (Q)) · N/A \$200 TOTAL CLAHAS X\$ 25 X\$50 07.0FR (16(4) minus 20 e **OR** INDEPENDENT CLAIMS X100 X200 (37 CFR 1 16(N) minus 3 = If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE FEE . Q7 CFR 1 16(4)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). +160= +360= MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1-16(1)) * If the difference in column 1 is less than zero, enter *0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 3): (Column 2) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT MIMAFA RATE (\$) ADDI-RATE IS ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE (1) FEE (1) Total Minus X\$ 25 X\$50. OR Minus OF OFR LIGHT X100 X200 ΩR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 4 1'80= +360a OR TOTAL TOTAL ADD'L FEE OR ADO'L FEB (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER ATE (1) ADDI-RATE (S) ADOI-AFTER EXTRA PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE (S) FEE₄(\$) Total Minus X\$ 25 X\$50 OR Independent G7 CFR 1.180.0 Minus X100 X200 Application Size-Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +360± +180= TOTAL TOTAL OR ADD'L FEE ADD'L FEE • If the entry in column 1 is less than the entry in column 2, write "V" in column 3. of the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 2. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1 a collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the The process of application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Intermation Officer, U.S. Patient 1 Trademark Office; U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

ORESS. SEND TO: Commissioner for Palents, P.O. Box 1450, Alexandria, VA 22313-1450.